

COMMONWEALTH OF MASSACHUSETTS
HEALTH POLICY COMMISSION

Care Delivery and Payment System
Transformation Committee

June 10, 2015



Agenda

- **Approval of Minutes from April 1, 2015**
- Discussion of the Registration of Provider Organization Data Submission Manual for Initial Registration: Part 2
- Schedule of Next Committee Meeting (July 22, 2015)



Vote: Approving Minutes

Motion: That the Care Delivery and Payment System Transformation Committee hereby approves the minutes of the Committee meeting held on August 13, 2014, as presented.

Agenda

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Registration of Provider Organizations

The HPC is charged with implementing a registration program for Provider Organizations.

M.G.L. c. 6D, § 11

The commission shall require that all provider organizations report the following information for registration and renewal: (i) organizational charts showing the ^①**ownership**, ^②**governance** and ^③**operational structure** of the provider organization, including any ^④**clinical affiliations**, ^⑤**parent entities**, ^⑥**corporate affiliates**, and ^⑦**community advisory boards**; (ii) the number of affiliated ^⑧**health care professional** full-time equivalents and the number of professionals affiliated with or employed by the organization; (iii) the name and address of ^⑨**licensed facilities**; and (iv) such other information as the commission considers appropriate.

M.G.L. c. 12C, § 9

Notwithstanding the annual reporting requirements of this section, the commission may require in writing, at any time, additional information reasonable and necessary to determine the **financial condition**, **organizational structure**, **business practices** or **market share** of a registered provider organization.

Registration of Provider Organizations

The files in the DSM track to the categories of data identified in the statute.

DSM File	Statutory Charge
Background Information	Ownership ① Governance ② Parent entities ⑤ Community advisory boards ⑦
Corporate Affiliations	Operational structure ③ Corporate affiliates ⑥
Contracting Affiliations	Operational structure ③
Contracting Entity	Governance ② Operational structure ③
Facility File	Licensed facilities ⑨
Physician Roster	Health care professionals ⑧
Clinical Affiliations	Clinical affiliations ④

Registration of Provider Organizations

The HPC has devoted significant time to crafting a balanced, value-adding program.

2013

- Initial RPO listening sessions with stakeholders
- Draft regulation presented to CDPST and Board
- Public comment period for draft regulation begins

2014

- Stakeholder engagement meetings on proposed data elements
- Draft Data Submission Manual released for public comment
- Public hearing on draft regulation and draft DSM
- HPC promulgates final regulation and releases Part 1 DSM
- Provider Organizations complete Initial Registration: Part 1

2015

- 11 Small-group stakeholder sessions to discuss Part 2 DSM
- Draft DSM for Part 2 released for public comment
- *HPC releases final DSM for Initial Registration: Part 2*
- *Provider Organizations complete Initial Registration: Part 2*

Ongoing informal engagement

Registration of Provider Organizations

The HPC extends its sincere thanks to the individuals and organizations that have provided feedback and insight over the last 2 years.



Registration of Provider Organizations

Many data elements have been removed from the proposed DSM or redesigned to reduce administrative burden.

Removed	
	Operational Organizational Chart
	Corporate Affiliate Address
	Participation Agreement Start Date
	Participation Agreement End Date
	Administrative Fees, Retention, Dues
	Direction of Fees, Retention, Dues
	Licensing Entity
	Reporting of Unlicensed Sites
	Reporting of Unowned Facilities
	Compensation Part of Clinical Affiliation
	Description of Compensation
	Agreement End Date

Redesigned	
	Description of Governance Structure
	Funds Flow
	Contracting Affiliations File Structure
	Books of Business by Payer/Product
	Provider FTE Information
	Reportable Clinical Affiliations
	Agreement Start Date

	Background Information File
	Corporate Affiliations File
	Contracting Affiliations File
	Facility File
	Clinical Affiliations File

Registration of Provider Organizations

The HPC received public comment on the Part 2 DSM from 10 organizations during the April 2015 comment period.

- Atrius Health
- Baystate Health
- Beth Israel Deaconess Care Organization
- Conference of Boston Teaching Hospitals
- Hallmark Health PHO
- Locke Lord Edwards (provider representative)
- Massachusetts Hospital Association
- Massachusetts Medical Society
- Partners HealthCare System
- UMass Memorial Health Care

Registration of Provider Organizations

The HPC identified 5 key themes in the public comments.

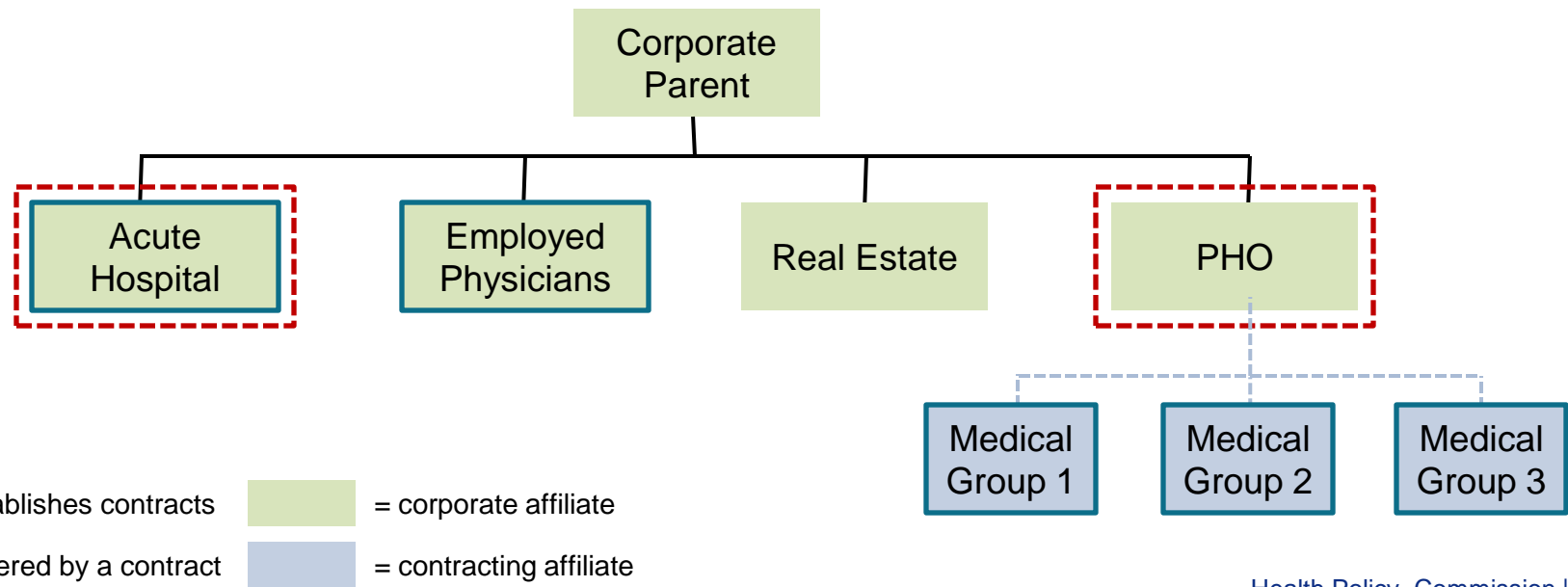
Key Themes
Suggestions to Improve Data Elements
Potentially Duplicative Data Elements
Proprietary Information
Administrative Burden
Implementation Timing

Registration of Provider Organizations

Comment: The DSM asks duplicative questions about contracting practices in multiple files.

Response: Data elements about contracting practices appear in multiple files, but they are not duplicative. The HPC has added clarifying text to address confusion. Through these elements, the HPC seeks to understand:

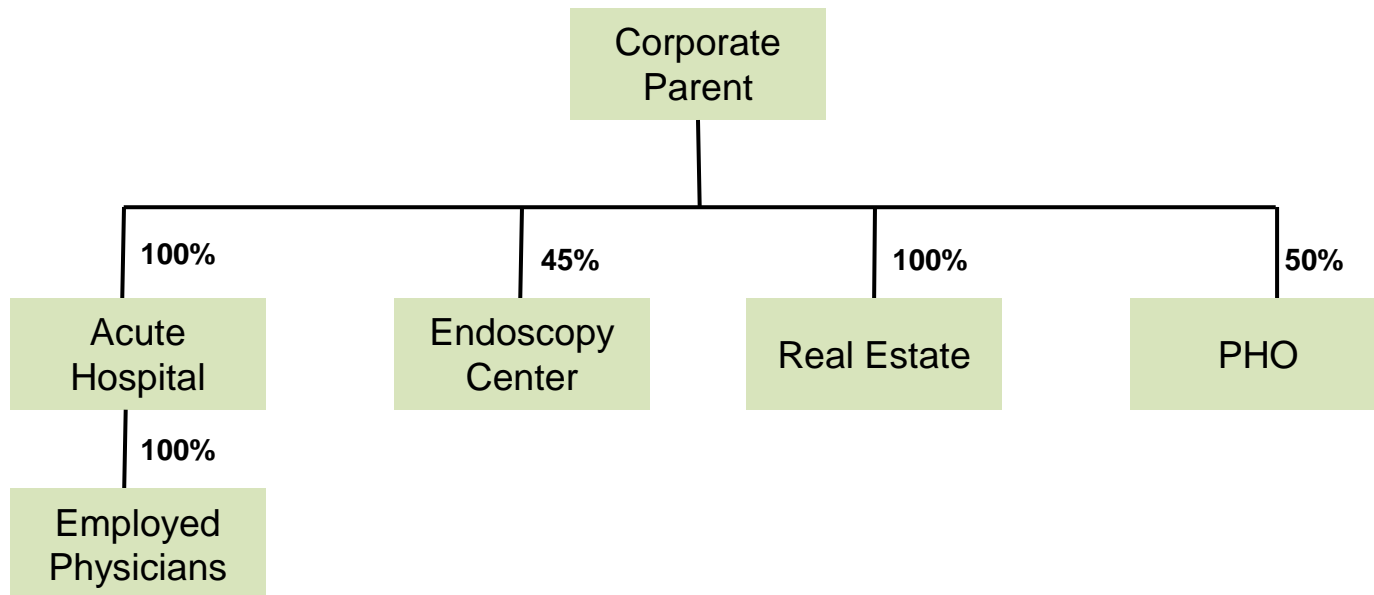
1. Which corporate affiliates establish contracts with Carriers or TPAs;
2. For each corporate affiliate that is covered by contracts, the identity of the entity that establishes contracts on the corporate affiliate's behalf; and
3. The contracting affiliates on whose behalf the Corporately Affiliated Contracting Entity establishes contracts.



Registration of Provider Organizations

Comment: Provider Organizations had to report the level of ownership of each corporate affiliate in Part 1 on the corporate organizational chart. This information should not have to be provided again in Part 2.

Response: It is correct that registrants submitted organizational charts in Part 1 that displayed the level of ownership of most corporate affiliates. Program staff will abstract this information from the corporate organizational charts and will prepopulate these questions in the online submission platform.

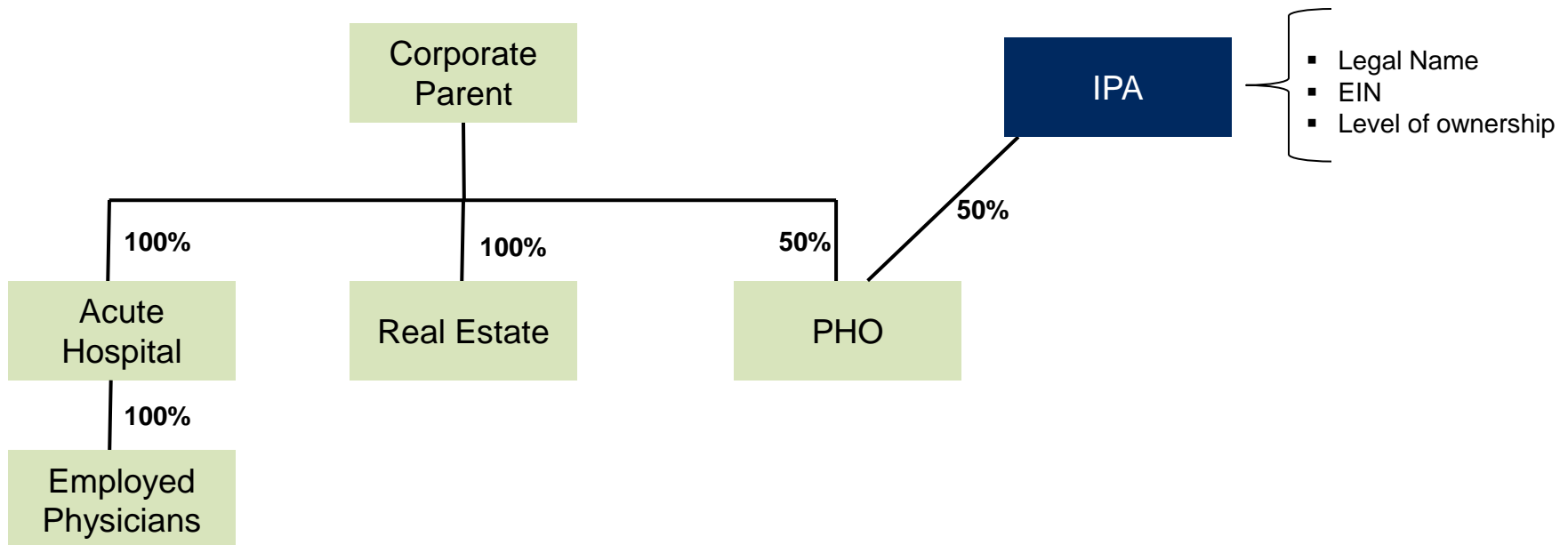


 = corporate affiliate

Registration of Provider Organizations

Comment: If a Provider Organization has a joint venture with another entity, the Provider Organization should not be responsible for providing information about the entity.

Response: The RPO Program is designed to gather information about Provider Organizations, including their relationships or partnerships with external organizations. The HPC has reduced the scope of these questions to ask solely for identifying information about the external entity.



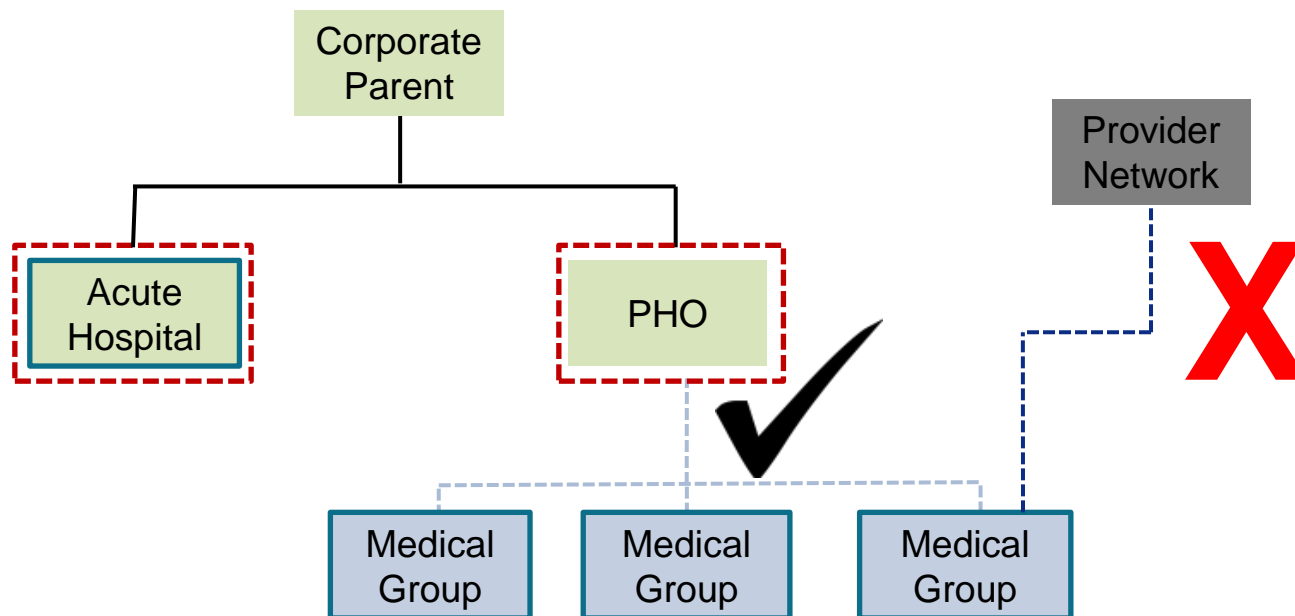
= corporate affiliate

= other entity with a direct ownership or controlling interest in the corporate affiliate

Registration of Provider Organizations

Comment: A Provider Organization may not know which organizations establish contracts on behalf of its contracting entities. Provider Organizations should only have to report its Corporately Affiliated Contracting Entities.

Response: The HPC agrees that a Provider Organization may not know this information. The HPC's intention was to limit the scope of this question to the Provider Organization's Corporately Affiliated Contracting Entities, and will make this clear in the final DSM.



Registration of Provider Organizations

Comment: The questions about global payment arrangements are: 1) duplicative with the information submitted to DOI under the RBPO Program; and 2) proprietary and confidential.

Response:

1. The information that HPC seeks to collect about Provider Organizations' global payment arrangements is not routinely collected by the DOI.
2. The HPC understands the concerns about publicly disclosing proprietary information. Based on feedback from stakeholders, the HPC has crafted four carefully targeted questions that will provide critical insight into important features of global payments, while retaining a sufficient level of generality to protect Provider Organizations' interests in confidentiality.

Key Features of Funds Flow Methodologies to be Collected in RPO

Provider types that are eligible for surplus

Provider types that are responsible for deficit

If and how withholds are used

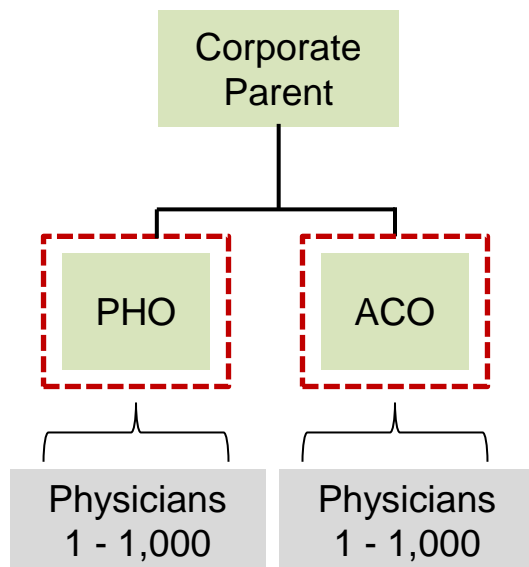
Whether contracting entities specify the methodology for distributing surplus/deficit

Registration of Provider Organizations

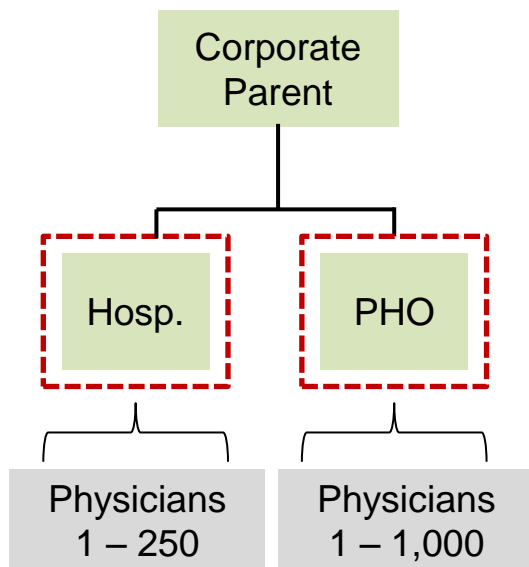
Comment: The DSM requires that the Provider Organization upload a separate physician roster for each contracting entity. This is duplicative for many organizations whose physicians belong to multiple corporately integrated contracting entities.

Response: This requirement was designed based on learning from Part 1 that demonstrates that some Provider Organizations own multiple contracting entities that represent distinct groups of physicians. HPC may allow Provider Organizations that can demonstrate that the requirement is duplicative to fulfill the Physician Roster requirement by submitting a single file.

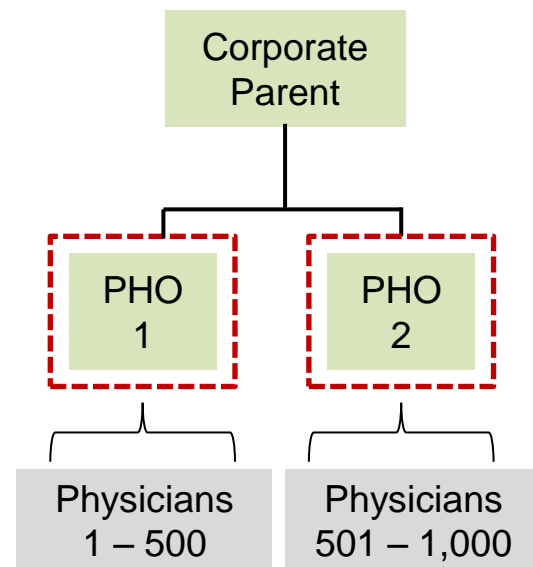
Single Physician Roster



Single Physician Roster



Separate Physician Rosters



Registration of Provider Organizations

Comment: Several data elements that the HPC is collecting are available from other state agencies. The HPC should not collect information that can be collected elsewhere.

Response:

- The DSM includes attestation options for multiple questions that would allow registrants to certify that the requested information could be obtained from another state agency.
- The HPC has extensively researched the possibility of using the DPH Facility Licensure database, MHQP's Master Provider Database (MPD) and the BORIM license dataset to prepopulate elements of the Facility file and the Physician Roster file. HPC concluded that these databases are not viable options at this time.

Registration of Provider Organizations

Comment: The scope of reportable Clinical Affiliations is too broad and will capture affiliations that do not have strategic value.

Response: The HPC has continued to develop guidance that narrows the scope of reportable Clinical Affiliations. The current guidance specifically excludes affiliations that consist solely of:

- Joint training programs
- Routine call coverage
- Standard transfer agreements
- Office space leasing agreements that do not include the colocation of services

Reportable Clinical Affiliations:

1. Are not exclusively between corporately affiliated entities



2. Include an acute hospital or the employed physician group of an acute hospital



3. Have been memorialized in writing



4. Include one or more features described in the DSM related to:

- | | |
|----------------------------------|-----------------------------|
| ▪ Co-branding | ▪ EHR Interconnectivity |
| ▪ Co-location | ▪ Preferred Provider Status |
| ▪ Substantial Physician Staffing | ▪ Telemedicine |

Registration of Provider Organizations

Comment: Consider extending the Part 2 deadline past September 30.

Response: The HPC proposes a Part 2 deadline of October 30, 2015.

Part 2 Implementation Timeline

	6/15	6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24	8/31	9/7	9/14	9/21	9/28	10/5	10/12	10/19	10/26
Final DSM Released																				
Templates Released																				
Registration Begins																				
Group Trainings																				
One-on-One Meetings																				
Web Portal Live																				
Part 2 Materials Due																				

All dates are approximate.

Registration of Provider Organizations

RPO Program staff are dedicated to providing extensive technical assistance to registrants.

One-on-one meetings available to all registrants

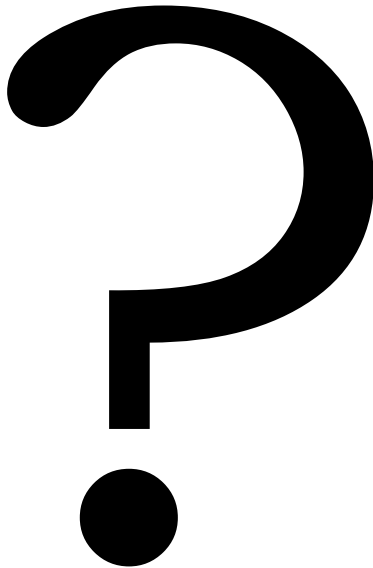
Group training sessions across MA

Assignment of a staff contact to each registrant

HPC prepopulating data in the online submission platform where possible

Registration of Provider Organizations

There is no question too big or too small for the RPO team. Provider Organizations with questions should get in touch.



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Contact Information

For more information about the Health Policy Commission:

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